

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-03-2108.M4**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service (DOS) 11/14/01?
- b. The request was received on 06/11/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60 and Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 08/27/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on unknown date. The response from the insurance carrier was received in the Division on 09/06/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.
5. Information from the Tex. Occ. Code Ann. (Vernon 1996, Supp. 2002).

III. PARTIES' POSITIONS

1. Requestor: letter dated 08/19/02
 "The carrier denied the original request as not documented and the request for reconsideration was denied stating that a PA cannot doe[sic] 64441 under workers compensation. Under Texas Laws, a physician assistant can perform medical care under the direct supervision of a physician."
2. Respondent: letter dated 09/06/02
 "This is an invasive procedure, which is not within a physician assistant's usual scope of practice. Also, the medical documents are lacking a "signature" or supporting information that indicates a physician examined and/or ordered treatment."

IV. FINDINGS

1. Based on Commission Rule 133.307 (d)(1&2), the only date of service eligible for review is 11/14/01.
2. The carrier's EOBs have the denials, "N – NOT DOCUMENTED" and "O – DENIAL AFTER RECONSIDERATION. DOCUMENTED HEALTH CARE PROVIDER (PA) CANNOT DO 64441 UNDER WC. NO ADDITIONAL PAYMENT RECOMMENDED."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
11/14/01	64441	\$314.00	\$0.00	N, O	\$314.00	Texas Workers' Compensation Act & Rules, Rule 133.304 (c) & 133.307 (j)(2); Tex. Occ. Code Ann. Section 204.202 (a) & (b)(2) (Vernon 1996, Supp. 2002) MFG, CPT descriptor;	Commission Rule 133.304 (c) states, "The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s). A generic statement that simply states a conclusion such as 'not sufficiently documented' or other similar phrases with no further description of the reason for the reduction or denial of payment does not satisfy the requirements of this section." The carrier's EOB with the audit date of 12/18/01 does not meet the criteria established in Rule 133.304 (c). The issue of no signatures on the medical records was not raised prior to the request for dispute resolution and is not considered in this review per Rule 133.307 (j)(2). The carrier's EOB with the audit date of 02/13/02 raises the issue of scope of practice of a physician assistant. Per the referenced Tex. Occ. Code Ann., the physician assistant was performing services within his scope of practice. Therefore, reimbursement of \$314.00 is recommended.
Totals		\$314.00	\$0.00				The Requestor is entitled to reimbursement of \$314.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$314.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 13th day of November 2002

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division